

Catawba Hospital Primary Inspection

June, 1999

Office of the Inspector General

EXECUTIVE SUMMARY

This report summarizes the findings during a primary inspection of Catawba Hospital during June 14-15 and 30, 1999.

Primary inspections are routine unannounced comprehensive annual visits to the mental health and mental retardation facilities operated by the Commonwealth of Virginia. The purpose of this inspection is to evaluate components of the quality of care delivered by the facility and to make recommendations regarding performance improvement.

Currently there are many forces addressing severe deficiencies in the public funded Mental Health, Mental Retardation and Substance Abuse (MHMRSA) Facility System in Virginia. The items identified for review in this report were selected based on the relevance to current reform activity being undertaken in Catawba as well as other facilities in Virginia. This report is intentionally focused on those issues that relate most directly to the quality of professional care provided to patients of the facility. It is intended to provide a view into the current functioning of Catawba Hospital.

This report is organized into eight different areas. These are: 1) Treatment of Patients with Dignity and Respect, 2) Use of Seclusion and Restraint, 3) Active Treatment, 4) Treatment Environment, 5) Access to Medical Services, 6) Public-Academic Relationships, 7) Notable Administrative Projects and 8) Facility Challenges. Under each of these areas are one or more "findings" with related background discussion and recommendations.

The following findings constitute a summary and would be taken out of context if interpreted without review of the accompanying background material.

FINDINGS OF MERIT

- Catawba staff was observed in several situations and generally was respectful of patients. (Finding 1.1)

- Catawba has initiated an employee recognition program that rewards staff for acts of compassion, good ideas, and star performance. (Finding 1.2)
- The internal advocate at Catawba describes a good working relationship with management in the resolution of patient identified issues. (Finding 1.3)
- Catawba has focused on the reduction of the use of seclusion and restraint. (Finding 2.1)
- Catawba is well underway with the implementation of an ambitious set of active treatment programs. (Finding 3.1)
- The Treatment planning process at Catawba runs well. (Finding 3.2)
- Nursing staffing is currently appropriate at Catawba. (Finding 4.1)
- Catawba maintains buildings that are clean, bright and cheerful. (Finding 4.2)
- The grounds at Catawba are attractive and well maintained. (Finding 4.3)
- Catawba over the last year has reconfigured medical staff such that all patients have a psychiatrist as their primary attending. (Finding 5.1)
- Catawba currently has a full compliment of qualified medical staff. (Finding 5.2)
- Catawba maintains a good working relationship with surrounding hospitals. (Finding 5.4)
- Catawba currently provides training opportunities to a number of programs and individuals. (Finding 6.1)
- Catawba has a well-developed Improvement Performance process that appears very effective. (Finding 7.1)
- Psychology and other clinical staff at Catawba have worked on a joint community treatment plan for the treatment of individuals suffering from intense emotional disturbances resulting in repeated hospitalizations. (Finding 7.3)

FINDINGS OF CONCERN

- Patients are not consistently briefed following use of seclusion and/or restraint. (Finding 2.2)
- The Treatment Plan itself is not effective in creating a concise template for patient care. (Finding 3.3)
- Certain Catawba patients would benefit from a special behavior treatment team or consultant. (Finding 3.4)
- The General Adult Team functions with several attending psychiatrists rather than a single team with a single attending. (Finding 5.3)
- Catawba has some special challenges in working with Community Services Boards in the discharge of geriatric patients. (Finding 7.2)
- Catawba is currently underutilized. (Finding 8.1)

Facility: Catawba Hospital,
Catawba, Virginia

Type of Inspection: Primary Inspection

Date: June 14-15 and 30, 1999

Reviewers: Inspector General Everett
Catherine Kane RN, Ph.D.

Areas Reviewed:

Section One- Treatment with Dignity and Respect

Section Two- Seclusion and Restraint

Section Three-Active Treatment

Section Four-Treatment Environment

Section Five- Access To Medical Services

Section Six- Public-Academic Relationships

Section Seven- Notable Administrative Projects

Section Eight- Facility Challenges

Catawba Hospital Background

Catawba Hospital, established in 1909, was originally a tuberculosis sanitarium. It became a psychiatric hospital serving primarily a geriatric population in 1972. It also has thirty-five acute adult psychiatric beds. The hospital's service area includes twelve counties and seven cities. The area covers approximately 9,000 miles and about 15% of the State's population (according to the 1990 census). With the reduction of geriatric beds at Western State Hospital, Catawba became the facility for additional Community Services Boards seeking long-term hospitalization for this population. The hospital has a capacity of 201 beds with an operational capacity of 171. The facility has been accredited by the Joint Commission on the Accreditation of Hospital Organization (JCAHO) since September 1985. The accreditation was renewed with commendation in

1997.

Section One
Treatment of Patients with Dignity and Respect

1.1 Finding: Catawba staff was observed in several situations and generally was respectful of patients.

Background: A number of staff interactions with patients throughout the hospital were directly observed. Input from the internal advocate was

sought regarding the general treatment environment and staff respecting the dignity of patients of all types. Two situations were observed wherein patients displayed loud and disruptive behavior. While

the staff involved in both of these situations did not seem clear as to how to address the behavior (see finding 3.4), the patients were treated respectfully.

Recommendation: Continue encouraging and emphasizing a treatment environment that promotes the treatment of all patients with Dignity and Respect.

1.2 Finding: Catawba has initiated an employee recognition program that rewards staff for acts of compassion, good ideas, and star performance.

Background: This program is called The Peer to Peer Performance Program. It begins with nomination from any staff or patient within the facility. Supervisors review nominations and if appropriate, nominated staff are given a certificate and corresponding pin (heart, light bulb, or star) to affix to their hospital nametag. This is a very user-friendly program. Programs like this together with an administrative climate that emphasize a focus on quality care for each individual patient can be effective in promoting the treatment mission of Virginia's facility system.

Recommendation: Continue this excellent program.

1.3 Finding: The internal advocate at Catawba describes a good working relationship with management in the resolution of patient identified issues.

Background: The advocate relates an open door policy with facility management. She relates they are generally responsive to patient issues. She feels she has success in resolving issues at the lowest level possible. It would be beneficial to the patients served if the advocate were involved in a more proactive way with policy and senior management planning activities.

Recommendation: Create a more meaningful role for the internal advocate or patient representatives in the hospital planning process.

Section Two

Use of Seclusion and Restraints

2.1 Finding: Catawba has focused on the reduction of the use of seclusion and restraint.

Background: Seclusion and Restraint was taken on as a Performance Improvement project in 1995/96. As a part of this, related policies and procedures were revised. The data provided is difficult to draw comparative information from because of a shift in patient population served on each unit as well as rearrangement of the unit to accommodate remodeling of some of the other units. On the general adult Admission

Unit, the use of Seclusion has shown a clear decline from 1995 to 1998. The use of restraint on this unit had been significantly reduced from 1995 to 1998, but in the first six months of 1999, appears to have increased. The use of behavioral seclusion and restraint on the geriatric Admission Unit seems variable, with no readily obvious trend. The longer term Geriatric Units almost never use seclusion or restraint for uncontrollable behavior. These units do regularly use protective restraints, and there is no readily apparent trend in the data provided. Overall this data is standardized throughout the hospital. It would be helpful in terms of better understanding the trends in the data, to know more than just the total number of hours per unit restraint and seclusion were used. (This data could be very skewed by one intense patient.) Are the number of episodes of S/R being reduced? Is the duration of time a patient spends in S/R declining? This would help administration better understand how staff are using S/R.

Recommendation: Challenge staff to further reduce levels of Seclusion and Restraint.

2.2 Finding: Patients are not consistently briefed following use of Seclusion and/or Restraint.

Background: Patients should be given the opportunity to process and learn from the experience of being put into seclusion or restraint. Following each event, staff should review the circumstances leading into and out of seclusion or restraint use. This is one way to help patients take a more active role in their own treatment. Consideration should be given to assessing other patients who may have been traumatized by observing the seclusion or restraint event. The use of Seclusion and Restraint should never become an ordinary intervention, it should always be an exceptional

event that all involved learn from. The new Departmental Instruction regarding Seclusion and Restraint addresses this element.

Recommendation: Perform and document post seclusion and restraint debriefing.

2.3 Finding: A patient was interviewed who had recently been in seclusion for aggressive behavior.

Background: This patient related he did have some understanding regarding why he was put into seclusion. He understood basic requirements for coming out of seclusion. He was not given the opportunity to discuss this with staff or his treatment team. Alternate behavior or changes to treatment plan, i.e. ways the patient could prevent the scenario from recurring, were not discussed with him.

Recommendation: Perform and document post seclusion and restraint debriefing.

Section Three Active Treatment

3.1 Finding: Catawba is well underway with the implementation of an ambitious set of active treatment programs.

Background: The population that Catawba serves makes hospital-wide treatment program design a challenge. The majority of planning and implementation has been done within existing resources at Catawba.

Catawba currently estimates that an average number of active treatment programming for each patient is about 11 hours per week. The goal state wide has become twenty hours per week. When Catawba treatment teams were visited early spring of 1999, the types and numbers of groups available for the acute admissions patients were impressive. Thus Catawba has a history of offering conscientious treatment programming to patients that began well before Department of Justice influence. The current efforts will build upon this good foundation.

Recommendation: Continue current efforts to develop hospital-wide programming.

3.2 Finding: The Treatment planning process at Catawba runs well.

Background: Several treatment teams were observed. The meetings were reasonably well run, with clear agenda and creation of a treatment plan by the end of the meeting. The meeting was run in a timely fashion. Appropriate members were present and contributed. The patient role was somewhat cursory. Two years ago, a Catawba quality improvement team looked at the treatment plan process; the influences of this process are still clearly present. This is what one would want to see with an effective quality improvement project.

Recommendation: Pursue a more meaningful role for the patient in the treatment planning process.

3.3 Finding: The Treatment Plan itself is not effective in creating a concise template for patient care.

Background: Catawba currently uses a treatment-planning program that may interfere with the generation of concise plans that are meaningful for patient care. The staff will be changing this because the current software program in use is obsolete. Additionally the entire facility system is developing a treatment planning instruction that will dictate the format of the treatment plan. Staff may want to write the plan such that a weekend second shift charge nurse could review the plan, and understand the most active current problems and the course of treatment recommended by the treatment team.

Recommendation: Focus on the content of the treatment plan to create a document that provides a foundation for the direction of care.

3.4 Finding: Certain Catawba patients would benefit from a special behavior treatment team or consultant.

Background: Several of the facilities involved with Department of Justice have been urged to develop a behavioral consult service. These teams focus on recommending specific treatment for specific behaviors that would be dysfunctional in a community setting. Catawba has some capacity to create behavioral plans now. One patient had a plan developed during the course of the inspection. Upon return to the facility for a snapshot inspection, the implementation of this plan was reviewed. The reward system in place per her treatment plan seemed to be working for her. Another patient was experiencing repeated episodes of verbal

aggression, at times resulting in use of seclusion to manage it. This patient had been hospitalized for several months, and this behavior was a significant barrier to community placement. While respectful of the patient, staff did not seem to have a clear plan for this behavior when it arose in community group. This is an example of a behavior that would benefit from focused scrutiny and a tight behavioral plan. With appropriate expert supervision, current psychology staff could be organized and trained to increase the effect of behavior treatment and monitoring throughout the facility. This would also help to sharpen the role of psychology at this facility.

Recommendation: Select a management level point person and begin dialog with staff at Eastern State Hospital (ESH), Central State Hospital (CSH), or Northern Virginia Mental Health Institute (NVMHI) to understand how their behavior consult programs work. Work towards sending staff from Catawba to one of these other facilities to observe and do "mini internship" with one of these special behavior consult teams.

Section Four Treatment Environment

4.1 Finding: Nursing staffing is currently appropriate at Catawba.

Background: Catawba accomplished this through census reduction rather than increasing levels of staff. Many of the nurses will be involved in the new psychosocial treatment mall programming, and are looking forward to this.

Recommendation: Continue current level of staffing.

4.2 Finding: Catawba maintains buildings that are clean, bright and cheerful.

Background: Although there is no escaping the obvious institutional design of the main building, staff have done a reasonable job of creating a pleasant environment. Recent renovations of the acute adult admission unit have created a much-improved day room where patients spend time. This provides living space other than bedrooms, halls and small lounges at the far ends of the halls.

Recommendation: Continue efforts to create and support an internal environment that promotes positive well being.

4.3 Finding: The grounds at Catawba are attractive and well maintained.

Background: Patients often go on walks around these attractive grounds. The peaceful environment on the grounds are of benefit to them.

Recommendation: Continue maintenance of this property.

Section Five Access to Medical Services

5.1 Finding: Catawba over the last year has reconfigured medical staff such that all patients have a psychiatrist as their primary attending.

Background: Previously, several units had a primary attending who was a medical physician with a psychiatrist in a consultant role. The Catawba population consisted of many individuals with significant medical problems and less active mental illness. With a great deal of effort on the part of Catawba staff, many of these individuals have successfully been transferred into local nursing homes. Now the primary treatment focus is on treatment of the mental illness symptoms that would present problems in a community setting.

Recommendation: Maintain this staffing and treatment focus.

5.2 Finding: Catawba currently has a full compliment of qualified medical staff.

Background: Recently Catawba was able to hire a full time geriatric internist who will be of great benefit to their patients. They have a combination of medical and psychiatric staff who take Medical officer of the Day (MOD) call at night and on weekends. The psychiatrists at this facility give the overall impression of being professionally competent as well as motivated to support facility administration accomplish its treatment mission. Several of the physicians are new to the facility, and seem to have embraced the role of team leader for the patient teams, as well as team player for the facility and its administration.

Recommendation: Continue to support medical staff.

5.3 Finding: The General Adult Unit functions with several attending psychiatrists rather than a single team with a single attending.

Background: This arrangement was made to accommodate request of psychiatrists who wished to maintain a role with the management of geriatric as well as non-geriatric patients. Other facilities have eliminated this arrangement. Multiple attendings on a single unit can result in inconsistencies in treatment that can become counter-productive. The arrangement of multiple attendings on a single unit is the norm at most private hospitals. A single attending promotes team cohesion and consistency of treatment for the patients. This may have more significance at facilities with staffing shortages and significant morale problems. The issue of a single attending per ward is also more essential with longer-term patients. At the time of inspection, the multiple attending arrangement did not seem to be presenting a problem.

Recommendation: Facility management should monitor the situation of multiple attendings on the adult admission unit to assure ongoing satisfaction with this arrangement. Periodically, perhaps in Medical Staff meetings, the pros and cons of maintaining the Multiple attending arrangement on this Unit should be reviewed. Input should be solicited from all levels of staff and from patients.

5.4 Finding: Catawba maintains a good working relationship with surrounding hospitals.

Background: In emergent situations the local rescue squad is called. Although Catawba itself is somewhat remote, the rescue squad has a good response time according to staff. Medical staff works on communicating with physicians in the community who exchange patients with Catawba Staff. At times staff have felt pressure to accept individuals from the community with questionable medical stability. They are encouraged to maintain safe standards in this regard.

Recommendation: Continue to maintain good working relationship with local hospitals. Attention to these relationships is good for patient care at both facility and local hospital.

Section Six Public-Academic Relationships

6.1 Finding: Catawba currently provides training opportunities to a number of programs and individuals.

Background: Institutions involved in this include: The University of Virginia College of Medicine and School of Nursing, The West Virginia School of Osteopathic Medicine, Radford, Longwood, VPI, College of Health Sciences, Dabney Lancaster Community College, and Craig County High School Vocational Education. The trainees that

are sent to Catawba include: psychiatry residents, medical students, nursing students, recreation therapy, music therapy, horticulture therapy, dietetic interns, and certified nursing assistant students. Thus Catawba, as is the case with a number of our facilities, serves a valuable role as a training site for a wide variety of students.

Recommendation: Maintain active relationships with education institutions. This benefits patients, staff and the students.

Section Seven

Notable Administrative Projects

7.1 Finding: Catawba has a well-developed Improvement Performance process that appears very effective.

Background: On an Annual basis, Performance Improvement (PI) Projects are suggested from a variety of sources including patients, families and staff. The Executive Board approves of Projects and works with the Quality Assurance staff member to create a focus and work plan for the PI group. The groups are comprised of representative volunteers from any level of staff felt to be relevant to the issue at hand. The groups maintain minutes and create a report that is presented to relevant stakeholders when the project is completed. This is a very effective process. Results from several previous projects are evident throughout the facility.

Recommendation: Continue this effective process.

7.2 Finding: Catawba has some special challenges in working with Community Service Boards in the discharge of Geriatric patients.

Background: Geriatric individuals, particularly those with late onset illness, are often times not a priority for our Community Service Board system. This makes discharge-planning routes that work well for the general adult population difficult for the geriatric patient. Staff at the facility often times must be much more involved because there is not a community case manager with which to coordinate services. Many nursing homes do not want to work with individuals that have been labeled with

mental illness. Some of the nursing home resistance is negative stigma, and some is based on the fact that geriatric individuals with active mental illness may have special needs that traditional nursing home staff are not trained to work with.

Recommendation: Continue to maintain and develop these valuable relationships with local CSB's and other adult and nursing homes.

7.3 Finding: Psychology and other clinical staff at Catawba have worked on a joint community treatment plan for the treatment of individuals suffering from intense emotional disturbances resulting in repeated hospitalizations.

Background: Professional staff at Catawba and several CSB's work together with the same treatment model to try to promote stability in the community and reduce hospital dependence. Catawba has taken the lead on establishing this model which has been very effective in working with these emotionally unstable patients.

Recommendation: Continue to develop and maintain this program. This is good for patients and for staff development.

Section Eight
Facility Challenges

8.1 Finding: Catawba is currently under-utilized.

Background: Over the last several years Catawba has had several reconfigurations of its clinical population and catchment area. Most recently, several longer stay patients were transferred back to Catawba from Southwestern State Hospital in Marion. This changed the population served at Catawba. Previously three general types were served: acute adult, acute geriatric and long-term geriatric. With the reconfiguration, longer-term adult general psychiatric patients were added. This leaves Catawba with a very small population of acute and longer-term general adult psychiatric patients. This has made development of a relevant treatment program a challenge.

Catawba is a very functional hospital with many good treatment resources. Unlike other facilities that are situated in competitive employment markets, Catawba currently has a good compliment of staff and does not have difficulty recruiting nursing staff. Some of the pressure on the other facilities could be shifted to the competent care of Catawba Staff. There are several populations that might be considered. An example would be functionally elderly individuals with mental illness or mental retardation

with stable, chronic physical disabilities. Another population that could be served by Catawba might be a segment of the longer term NGRI patients who would benefit from more focused care. Catawba could develop a long term Dual Diagnosis (MH/SA) program that is structured like a community halfway house, but is utilized by stable but "stuck" NGRI individuals at other facilities. Patients could come, go through the program (say for six months or a year), then return to their facility of origin for community reintegration and discharge work prior to their release. Another possibility would be to reconfigure current catchment area to broaden the current catchment area. Additionally, there has been some discussion of the possibility of creating a longer-term residential program for adolescents at this site.

Recommendation: Staff from Catawba and DMHMRSAS Central Office should confer regarding a long-term plan for Catawba.